

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90093 009 ****61.25

DOCUMENT # 723940

1. Entity Name

FIRST BAPTIST CHURCH OF MARIANNA, INC. THE

Principal Place of Business

Mailing Address

**2897 GREEN STREET
 MARIANNA FL 32446
 US**

**2897 GREEN STREET
 MARIANNA FL 32446
 US**

00028532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0864592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, GLADYS
 2897 GREEN STREET
 MARIANNA FL 32446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **HILL, GLADYS**
 CITY-ST-ZIP **2897 GREEN ST
 MARIANNA FL 32446**

TITLE ☐ Change ☒ Addition
 NAME **Vice Pres.**
 STREET ADDRESS **Kay Foster**
 CITY-ST-ZIP **5052 Blue Springs Rd.
 Marianna, FL 32446**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **PADGETT, JOHN**
 CITY-ST-ZIP **1885 SPRING LAKE TRL
 MARIANNA FL 32448**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Bill Peacock**
 CITY-ST-ZIP **3391 Hwy. 73
 Marianna, FL 32446**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAYLES, VELMA**
 CITY-ST-ZIP **2949 SPRING STREET
 MARIANNA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PETERS, DOROTHY**
 CITY-ST-ZIP **3392 HWY. 73
 MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MASSENGILL, GREG**
 CITY-ST-ZIP **5134 PRESIDENTS CIR
 MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HARRIS, FRED**
 CITY-ST-ZIP **2962 DOGWOOD ST.
 MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gladys Hill
SIGNATURE REQUIRED

1-15-02

482-3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)